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APPLICANTS

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**** CONTINUING DATA ******* *[Signature]*
 This application is a CIP of PCT/FI02/08070 01/30/2003

**** FOREIGN APPLICATIONS ******* *[Signature]*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY FINLAND	SHEETS DRAWING 1	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
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TITLE
 Process for the extraction of beta-amylase

FILING FEE RECEIVED 822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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